

Foster Family Home - Corrective Action Report

Provider ID: 2-190004

Home Name: Gemma Fernandez, CNA

16-1527 37th Avenue,
Orchidland

Kea'au

HI 96749

Review ID: 2-190004-1

Reviewer: Carol Copeland

Begin Date: 1/28/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) New home inspection to certify two client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN, MSN
Compliance Manager

1/28/19
Date

Gemma Fernandez
Primary Care Giver

1/28/19
Date